PTO/SB/50 (06-03)
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REISSUE PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	368-011C
First Named Inventor	Kinam Park
Original Patent Number	6,271,278
Original Patent Issue Date (Month/Day/Year)	August 7, 2001
Express Mail Label No.	ER723779654US

Address to:

Mail Stop Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

APPLICATION FOR REISSUE OF:
(Check applicable box)

[✔] Utility Patent   [ ] Design Patent   [ ] Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. [✔] Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)

2. [✔] Applicant claims small entity status. See 37 CFR 1.27.

3. [✔] Specification and Claims in double column copy of patent format (amended, if appropriate)

4. [✔] Drawing(s) (proposed amendments, if appropriate)

5. [✔] Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52)

6. [✔] Power of Attorney

7. [✔] Original U.S. Patent currently assigned? [✔] Yes [ ] No
(If Yes, check applicable box(es))

   [✔] Written Consent of all Assignees (PTO/SB/53)

   [✔] 37 CFR 3.73(b) Statement (PTO/SB/96)

8. [ ] CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table

9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)

  a. [ ] Computer Readable Form (CFR)
  b. Specification Sequence Listing on:
    i [ ] CD-ROM (2 copies) or CD-R (2 copies); or
    ii [ ] paper
  c. [ ] Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. [ ] Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).

11. [ ] Original Patent Grant

   [ ] Ribboned Original Patent Grant

   [ ] Statement of Loss (PTO/SB/55)

12. [ ] Foreign Priority Claim (35 U.S.C. 119) (if applicable)

13. [✔] Information Disclosure Statement (IDS)/PTO-1449   [ ] Copies of IDS Citations

14. [ ] English Translation of Reissue Oath/Declaration (if applicable)

15. [✔] Preliminary Amendment

16. [✔] Return Receipt Postcard (MPEP 503) (Should be specifically itemized)

17. Other: _____

_____

_____

18. CORRESPONDENCE ADDRESS

[✔] Customer Number: 23511   OR [ ] Correspondence address below

Name	
Address	

City		State		Zip Code	
Country		Telephone		Fax	

Name (Print/Type)	James H. Meadows	Registration No. (Attorney/Agent)	33,965
Signature	*(signature)* J.H. Meadows	Date	3/22/2004

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
368-011C

Claims as Filed – Part 1

	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Small Entity Fee		Other than a Small Entity Rate	Other than a Small Entity Fee
Total Claims (37 CFR 1.16(j))	(A) 40	(B) 40	**** 0 =	x $___ =	0	or	x $___ =	
Independent claims (37 CFR 1.16(i))	(C) 5	(D) 5	* 0 =	x $___ =	0		x $___ =	
			Basic Fee (37 CFR 1.16(h))	$385			$ ___	
			Total Filing Fee	$385.00		OR	$ ___	

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity Rate	Small Entity Fee		Other than a Small Entity Rate	Other than a Small Entity Fee
Total Claims (37 CFR 1.16(j))	***	MINUS **		* =	X $___ =			x $___ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS *****		=	x $___ =			x $___ =	
				Total Additional Fee	$		OR	$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

[✓] Applicant claims small entity status. See 37 CFR 1.27.

[ ] Please charge Deposit Account Number _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

[ ] The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number _____.
A duplicate copy of this sheet is enclosed.

[✓] A check in the amount of $ 385.00 _____ to cover the filing/additional fee is enclosed.

[ ] Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit cad information and authorization on PTO-2038.

3/22/2004	_Signature_
Date	Signature of Applicant, Attorney or Agent of Record
33,965	James H. Meadows
Registration Number, if applicable	Typed or printed name